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DOCTORS, PATIENTS SCORE DEFICIENCIES
OF PUBLIC HEALTH SERVICE IN HUNGARY

[Summary: The following editorial and letters in response to the editorial deal with the shortcomings of the reorganized Hungarian medical service from the point of view of the doctor, medical assistant, and patient. The unification of hospital and dispensary is criticized. Councils are scored for neglecting public health duties and for failing to make adequate budgetary appropriations for hospitals and dispensaries. The scarcity of various drugs is also discussed.

Numbers in parentheses refer to appended sources.]

EDITORIAL

Summarizes Public Health Situation

Since May 1953, the Ministry of Public Health has received over 2,000 letters complaining about the shortcomings of medical service in Hungary.

The letters reveal that consulting rooms are so crowded throughout the country that patients must wait several hours before the doctor can see them; usually, the area doctor is rushed, and he can make only a very superficial examination; often, he is obliged to send his patients to the district doctor. Patients are assigned to medical areas and districts in so illogical a fashion that a patient residing in Visegrad must travel 42 kilometers to be treated, while pregnant women residing in Godollo, which has both a hospital and a dispensary, must travel to Budapest for a check-up. If it is found that the patient requires further examination or a series of tests, he must go to a different and often remote part of town for each test. Many patients, realizing that the area doctor is too busy to examine them properly, go directly to the district dispensary.

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The doctors have many problems, too. Besides their professional work, they must often take care of paper work and administrative details, because no nurses, assistants, or secretaries have been assigned to them. The physician who must work in both hospital and dispensary loses many hours of work time and is unable to perform his duties competently in cities where these institutions have been unified but are miles apart.

The work of the area doctor is made more difficult by the tremendous increase of insurance cases. During the past few years, the number of patients assigned to the area doctor has nearly doubled. Although night and holiday duty have been introduced, it means that the physician on call must work 36 hours without break. Area doctors are called to this type of duty every 20 or 22 days.

In some parts of the country, the village physician is responsible for 8,000-10,000 patients. As soon as all members of the producer cooperatives are insured, this number will increase still further.

No solution has been found to the problem of the village physician's transportation. Although the physician receives transportation funds, he is unable to obtain a suitable means of transportation for the sum allotted to him.

The ministry and the departments of public health of the councils do not give sufficient help to the directors of hospitals and dispensaries. They have failed to provide proper food and to allot funds for the transportation of fuel or medical equipment for hospitals and dispensaries. There are many other such minor annoyances which embitter the life of the doctor.

Although dispensaries have been built in Kispest, Ujpest, Csepel, Debrecen, and Kecskemet, medical facilities remain inadequate and are still too centralized. Consequently, patients residing in the majority of suburbs, 30-40 kilometers from the city, must go to the city itself for treatment or examination. Some dispensaries have to handle as many as 250,000 patients. The small and crowded dispensary in District III of Budapest takes care of patients from the entire Pilis mining area, a total of 30 communities, including Szentendre and Visegrad, which is 42 kilometers distant.

The lack of doctors is another grave problem. In the provinces, and even in Budapest, there is a shortage of specialists, and many area-doctor posts are vacant. Since it takes time to train new doctors, everything possible should be done to relieve the practicing physician of his undue workload. Although most Budapest doctors, and some provincial doctors, now have secretaries or clerks, a great shortage of this type of personnel persists. The training and employment of nurses and medical assistants should be accelerated greatly. (1)

LETTERS TO EDITOR

Score Administration, Reorganization

After World War II, the government tried to introduce the Soviet medical setup in Hungary. However, the reorganization began before the prerequisites had been ensured. To begin with, there was a shortage of area doctors and laboratory and medical assistants; the district doctor was unable to cope with his extra work load; and the work overflow from the district doctor crowded the dispensaries and made their supplies and services inadequate, with the result that masses of dissatisfied patients poured into the hospitals. Lack of beds and of assistant doctors made it difficult for the hospitals to give the patient adequate care. Assistant doctors worked without enthusiasm, because they were seldom permitted to work in their chosen field but were forced into positions at variance with their desires and abilities.

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It was a mistake to put public health entirely under the jurisdiction of the councils, because now public health is no longer centrally directed. This is why there are so many difficulties in the implementation of all public health directives before they reach the area doctor. The councils are too busy to pay much attention to the suggestions and requirements of their departments of public health. The council's make insufficient budgetary appropriations for public health institutions in the first place, then reallocate part of these funds [for other purposes]. At the end of the year, they insist that any remainder be used quickly, so that total confusion ensues.

Other articles have already intimated that the unification of hospital and dispensary was undertaken prematurely. This unification should take place only where hospital and dispensary are located in the same building or very close together. Experience has shown that in Hungary, the unification was effected in places where all the prerequisites were lacking. That is why the unification has been successful in only one or two instances and a complete failure elsewhere. The ministry realizes this but has not the courage to admit it. Forcing the issue will greatly harm the public health service.

The desired unification of hospital, dispensary, and area doctor cannot be effected in Hungary at present. It is inconceivable that a 60- to 70-year-old area physician should work as an assistant in the hospital, performing laboratory work, taking night calls, etc.

It was a mistake to separate completely the administration of the dispensary and public health insurance. The former is under the jurisdiction of the Ministry of Public Health; the latter is under SZOT (Szakszervezetek Országos Tanácsa, National Council of Trade Unions). The regulations issued by the two administrative organs differ widely and often are actually conflicting.

To remedy the shortcomings of the public health services, the following suggestions are made: large-scale training of medical assistants; replacement of physicians doing clerical work in the councils by clerks; assurance that medical students may choose and practice in their field of specialization, because today too many young people are afraid to enter the medical field after seeing that other young doctors are not permitted to do the work of their choice; employment of more intermediary cadres to relieve the physician of paper work; stricter investigation of cases where the council fails to provide a residence and neglects other accommodations for a physician who has been transferred in the interests of better medical service; establishment of uniform area dispensary for the area physician in the province; and solution of the doctor's transportation problem by making possible the purchase of an automobile or through allowance of adequate funds for transportation.

Hungarian public health services should be removed from the jurisdiction of the councils and put under the immediate supervision of the Ministry of Public Health. -- Dr Gergely Molnár, chief managing physician, Szolnok Dispensary (2)

Urges More Auxiliary Medical Personnel, Higher Wages

Everyone knows there is a shortage of doctors. Yet doctors have to spend a significant part of their time doing work that could be accomplished by others.

There are two reasons for this: In the first place, it is a matter of policy. In industry, great care is taken to maintain the proportion of administrative personnel to productive workers. The theory is that the greater the number of administrative personnel, the smaller the output per person. Although this theory does not hold in the field of medicine, it has been adopted mechanically, despite the fact that in public health, the more assistance the physician receives,

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the more time he can devote to professional duties. In any case, it is a queer kind of economy which permits physicians receiving a [monthly?] salary of 1,000-2,000 forints to perform work which could be done by nonprofessionals for 700-800 forints. [a month?]

The Országos Letszám Bizottság (National Personnel Committee) must cease classifying all types of medical assistants as administrative workers.

In the second place, it is a question of wages. Industry syphons off most of the personnel which would normally serve the medical profession. Because industry offers much higher pay and more favorable working hours, young people will enter and remain in the field of public health work only if wages are raised to such an extent that this field will become an attractive career. -- Mrs Janos Karvazi(2)

Find: Attendants Expect Tips

Last year, my wife was a patient in the University Clinic of Gynecology. She was surprised to observe that the clinic's attendants expected to be paid for their attention and care, which is actually part of their job. This conduct is not conducive to the patient's recovery. The sick appreciate real thoughtfulness, and I think the nurses would profit more by taking a sincere interest in their patients.

Similar complaints have been made about the Szabolcs-utca Maternity Hospital and others. It is true, however, that the condition does not exist everywhere, as in the case of the Ulloi-ut Women's Clinic. -- Jozsef Pasztor(3)

Transportation Problems of Country Doctors

At present, I am doing the work of three village doctors, besides my own work of completing 40 deliveries a month and managing a maternity home. Three districts around me still do not have doctors; one physician works in the hospital, another is training in the district hospital. Thus, one can say that about 20 or 30 villages with 15,000-20,000 inhabitants, state farms, tractor stations, and factories are without doctors. My phone rings continuously with calls for help from the bedridden who need doctors or with calls from those who ask to be taken to hospitals without even seeing a doctor.

The sick are brought cross-country to my consulting room, riding in horse-drawn carriages from distant districts. They are happy if, on reaching my home, they do not have to be told that I am on my way, in a similar vehicle, to some other district. Many house calls take half a day each. How many sick can be visited daily with my means of transportation? And what must those patients say whom I never reach? How do those mothers feel who, while in maternity homes, know that their doctor is plodding along on some country road?

For 8 years, I performed my duties with the help of a motorcycle, which I recently sold for reasons of health. There is only one way in which I can successfully continue my duties: by purchasing a car. I requested permission for this from the ministry, with no results.

In my opinion, a car is of primary importance to those doctors whose district includes more than one village. -- Dr Laszlo Bogysai, director, Maternity Home, Nova, Zala Megye(4)

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CONFIDENTIALPatient Complaints

I would like to discuss briefly a problem of the sick, although I think every patient could speak at length on this subject. My home, for years, has been at 61 Sandor utca. First, Dr Margit Kormos of Budagyongye was my appointed district physician. Later, I was directed to a more distantly located doctor on Torocko ut; still later, to Dr Hauber in Viragarok. When Dr Hauber became ill, his patients fell to Dr Sarudi on Hadaprod utca.

I visited Dr Sarudi a number of times. But truly, I did no more than visit. A huge crowd waited in the consulting room. Perhaps it is no longer like this, but when my turn finally came, I was examined in the bathroom; meanwhile, members of his family were taking records of others in the consulting room.

Dr Sarudi had many patients from his own district. In addition, Dr Hauber's patients came to him also. Can you imagine, then, what kind of examination a doctor can give and a patient can receive under these conditions? In such cases, I think either the sick doctor's district should be divided between two other doctors, or some other solution should be found, for, if a patient is given just 2 minutes with his doctor, he cannot be cured.

I would like also to mention that sometimes I have to travel half way around Budapest before reaching the dispensary at which I can get the necessary treatments. It is maddening to have to go to Kapas utca in District II for X-ray treatments, to the Rheumatics' Hospital for an examination, to Madach ter for dermatological treatments, and to Janos Hospital for gynecological treatments.

And why must I send away for medicine? Why can't my district physician, to whom I must go for injections, supply it? Why can't I buy all my preparations at the Trefort utca consulting office, which is close to my office, and where all facilities are available? It seems to me that in these cases the patient should not have to keep rigidly to his prescribed district. -- Mrs Istvon Fekete, II Sandor Endrod-u 61(4)

Poor Organization in Public Health Service

Although we still meet with many mistakes and difficulties in the field of public health, we must not for a minute forget what great results have been reached in providing for the sick since the end of the war.

The roots of the troubles undoubtedly are in the difficulty of the numerous goals and the defects of organization. It would also be wrong to forget that in the field of hygiene, the demands greatly exceed the possibilities.

I would like to deal with two problems. The first is the unification of the hospital and the dispensary, the purpose of which is to increase the competence of the medical profession and ensure uniform medical treatment for all patients.

To achieve unification efficiently, ambulatory and bedridden patients must be located in the same place, and there must be an adequate medical staff. In Gyor, the first of these prerequisites was missing and still is. Particularly in the beginning, there was much shuttling around and unnecessary walking. With better organization, we endeavored to alleviate this. For a while, the second prerequisite seemed solved. Now, however, the increased work load of the dispensary complicates the work of the hospital.

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The positive result of polyclinic coordination was to increase the professional knowledge of dispensary doctors. This was evident in early examinations and correct diagnoses. However, it did not fulfill the demands of uniform treatment for all patients. It soon became apparent that because of the constant changing of doctors, the patients were being examined by a different doctor every time. Undoubtedly the unification of hospitals and dispensaries was premature, and now the work must be reorganized slowly, in accordance with local conditions.

The second problem which I want to touch on is the organizational relationship of the ministry, the councils, and the public health institutions. I don't think the fault lies in the weak cooperation between the ministry and branches of the public health services. Rather, the trouble is that the executive committees of the councils have failed to take public health work seriously. At the most, they add it to the daily agenda once a year, and treat it as a minor issue.

The executive committees of councils must understand that the state's program for raising the workers' standard of living can only be realized if they [the executive committees] aid the work of the public health organizations. -- Dr Zoltan Mike, director and chief physician, Gyor(4)

Shortage of Medicine in Budapest

The Pharmaceutical Enterprise (Gyogyszertar Vallalat) supplies medicine to 234 drugstores in greater Budapest. Its director, Ruzsits [fnu], and its chief pharmacist, Hartai [fnu], recently spoke on the problems caused by a business increase of 100 percent and a labor increase of only 10 percent.

The chief cause of increased demand for medicine is not an increase in the number of sick. The reason is found in the greater number of sick who now go to doctors and buy medicine and other pharmaceutical supplies. The company is trying to meet these demands.

The lack of medicine is caused partly by poor planning and partly by an inability to measure the increased demand. This has caused a shortage of certain medicines -- for example, vasodilative drugs and some types of penicillin. Another trouble is the failure of producers to fill orders promptly; consequently, drugstore stocks often run low and there are temporary lacks of certain supplies.

Sometimes, a product in one district will sell very slowly, while the drugstore a few blocks away cannot order enough of it. To correct this, a reserve of medicines must be built up. Meanwhile, the distribution of medicines should be carefully watched.

Inadequate transportation is the greatest problem. The Pharmaceutical Enterprise has four delivery trucks, two of which are badly worn and constantly in need of repair. If three motorcycles were available, the amount of medicine distributed would increase. The use of motorcycles would speed up coordination between producer, warehouse, and drugstore. But so far, requests for these vehicles have brought no results. The government should realize the benefits derived from such improvements.

To avoid real congestion in the drugstores, the Pharmaceutical Enterprise, complying with the directions of the Ministry of Public Health, should establish pharmacies near more large consulting rooms.(5)

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SOURCES

1. Budapest, Magyar Nemzet, 6 Dec 53
2. Ibid., 5 Jan 54
3. Budapest, Esti Budapest, 6 Jan 54
4. Budapest, Magyar Nemzet, 30 Dec 53
5. Budapest, Esti Budapest, 21 Dec 53

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